FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 446-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: May 13, 1974

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 6E ; Section ~~6 PM~~ 33
Block ____ ; Lot 14 I.T. ; Addition ____
Street Address (5.1 ac)

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
No. of Bedrooms ____. Describe: ____
Other Use ____ ☐
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ lagoon

4. Distance to public sewer: no public sewer ft.

W. G. Lamberg
Signature of Applicant (Owner or Lessee)

615 S 51st, Lincoln, Neb. 68510
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/15/74. Date Frwd. 5/15/74. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____. Date Frwd. ____. ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. ____. Date Frwd. 5-15-74. ACTION: Approved ☐ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL ____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

Dick Arnold

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 446-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 6E Lot 14
Section & ¼ Sect. 33
Property Dimensions: 330 ft. x 660 ft.
Area: 5.01 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Leland Abbott
Address 4835 Crest Haven

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ___ F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	24					5/13	9:45	24 1/4	1:45	24 7/8	240	5/8	
2	24							24 5/8		25 1/4		5/8	
3	34							26 5/8		26 1/2		gain 1/8	
4	34							15		15		—	
5	34							16		16 1/8		1/8	
6	34							26 1/2		30 3/8		14"	
7	34							24		25 3/8		1 3/8	
8	34							22		22 7/8		7/8	

Sum of Percolation Rates
Average of Rates:
Mean of Rates:

G. M. Langenberg
W. G. Langenberg
Signature of Person Conducting Test

Address 615 So. 51
Phone: Lincoln, Nebr.

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 446-C

SPECIFICATIONS

DATE: May 15, 1974

Lagoon as per U of Missouri Extension Division description 36' diam.

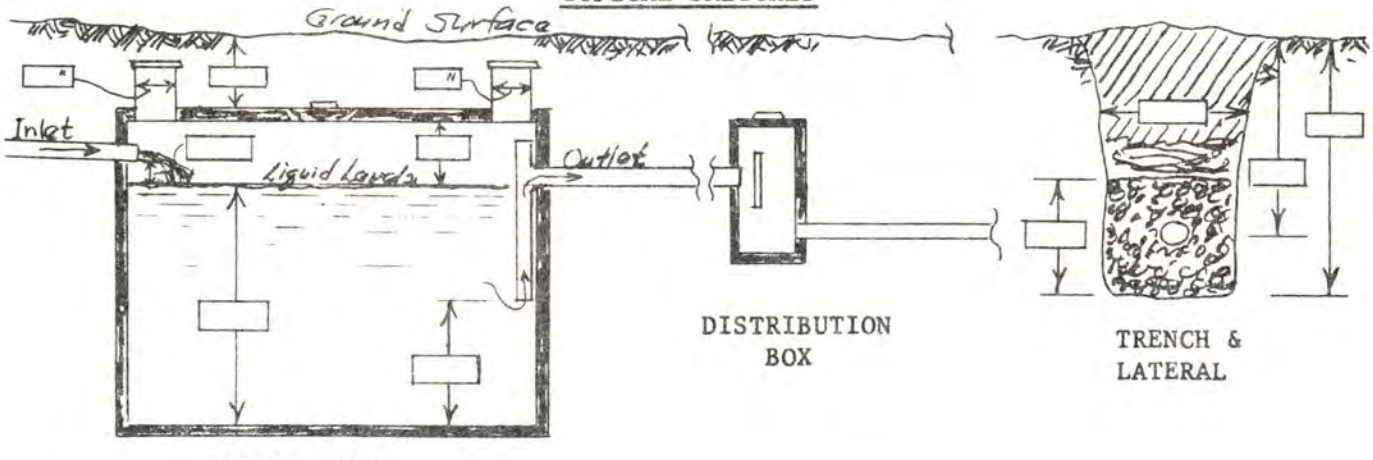
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes [ ] (Company _____)
No [ ]
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [ ]
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

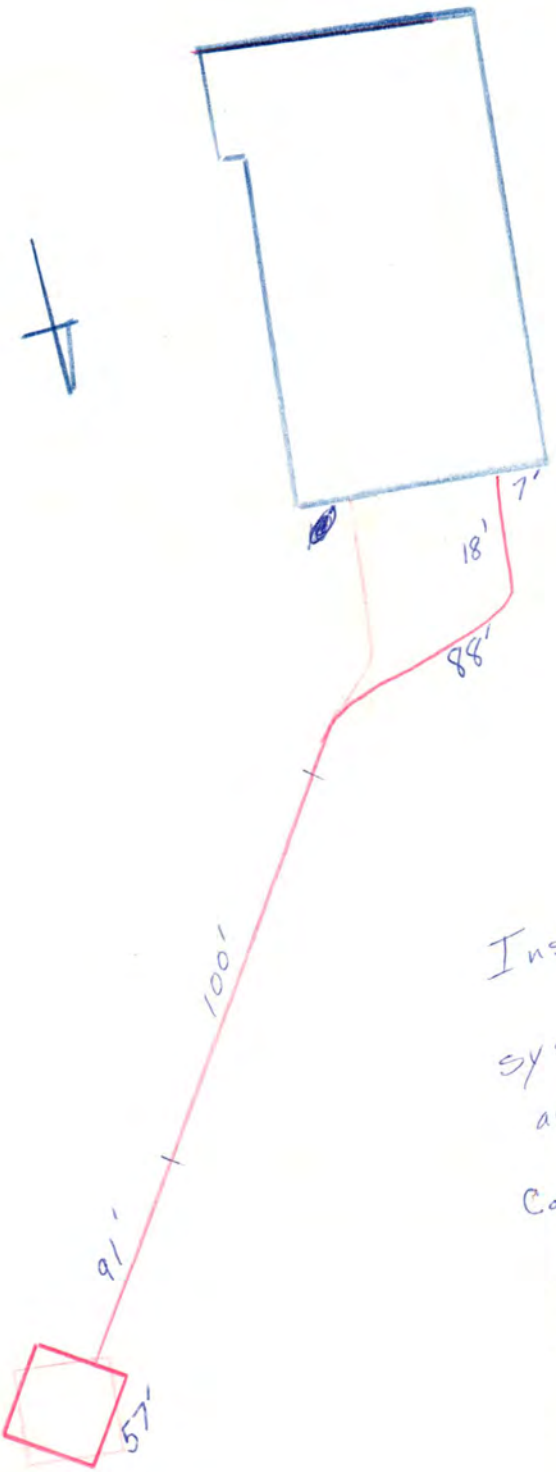
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes [ ], (Company _____
No [ ]
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes [ ], No [ ]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals ____ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete [ ]; fiber asbestos [ ]; clay [ ]; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ____in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant



Inspected 1-28-74

system was installed and covered

Called to determine if cleanouts were installed every 100'. Realty Agency stated they were

fw

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2400 W. Saltillo

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 23 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Hy 77 So to Saltillo West to 24th

Location of Well Between House & Road Tap Location: Inside ☐ Outside ☒

Location of Sewage System North Edge of Property Year Installed ___

Site Hazards (dogs, etc.) NONE - Small Trees

	NAME	ADDRESS	PHONE
Present Owner:	William Langenberg	2400 W. Saltillo	402-423-0211
Tenant/Buyer:	Jerome Shanahan	1863 Cedro Road, NE	402-663-4375
Return to:		Ron Perry	430-6864 (Fax)

Signature of Applicant Virginia Shanahan By Ron Perry Address ___ Date 8/8/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/11/05 Amount $200.00 ✓ Check No. 2279 ✓ Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Hurd **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Letter attached

See Attached Letter ☒

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by ___ Date ___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00